STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155653	A. BUILDING 00 B. WING	08/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE COUNTY NURSING & REHABILITATION CENTER	5025 MCCOOK AVE EAST CHICAGO, IN46312

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00094047 and IN00094361. Complaint IN00094047- Substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F425. Complaint IN00094361- Substantiated no deficiencies related to the allegations are cited. Survey dates: August 4 and 5, 2011 Facility number: 000108 Provider number: 155653 AIM number: 100267410 Survey team: Janelyn Kulik, RN-TC Census bed type: SNF/NF: 63 Total: 63 Census payor type: Medicare: 6 Medicaid: 50 Other: 7 Total: 63 Sample: 11	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2. Quality review completed on August 11, 2011 by Bev Faulkner, RN			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure physicians orders were followed for 1 of 11 residents reviewed related to not administering a medications ordered by the physician. (Resident #D) Findings include: The record for Resident #D was reviewed on 8/4/11 at 9:45 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, venous thrombosis (blood clot), hypertension, chronic kidney disease, congestive heart failure, obesity, and anemia. Review of the 7/8/11 Physician Order Statement, indicated the resident was to receive Aranesp (medication used to treat anemia) 100 mcg (micrograms) injected	F0282	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.A medication and cart audit was completed for resident D.The physician discontinued the order for Aranesp for resident D.All facility residents who have physician orders for medications have the potential to be affected by the same alleged deficient practice. A list of residents who have physician orders for Aransep was compiled. The medication and cart audit was completed for facility residents. The DON in serviced nurses on the importance of following physician's orders, there is no such thing as an unavailable medication, and what steps are to be taken if the medication is not	09/04/2011

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	subcutaneous every week on Thursday. Review of the July 2011 Medication Administration Record, indicated the Aranesp was signed out as given to the resident on 7/14/11. The medication was not signed out as given on 7/21/11. A progress note dated 7/22/11 at 1:15 p.m., indicated the resident was in bed and had consumed 25% of his lunch. The resident was alert and oriented but his hand movements and verbalizations were noted to be slower. The resident answered questions appropriately. The resident was reassessed and had no complaints of dizziness, headache or discomfort. The resident was noted to have a loose stool and continued to have low blood pressure. At 1:35 p.m., the physician was informed and an order was received to send the resident to the hospital for evaluation and treatment. A progress note, dated 7/27/11 at 10:59 a.m., indicated the resident was in the hospital at this time. Interview with the Nurse Consultant and LPN #1 on 8/5/11 at 1:30 p.m., indicated the medication was not in the medication cart or in the medication refrigerator. Interview with the Nurse Consultant on		initially on hand. The residents who have physician orders for Aranesp have been assigned to either the ADON, Treatment Nurse or MDS Nurse by the DON. The ADON, Treatment Nurse or MDS Nurse will be responible to audit their assigned residents with orders for Aranesp to ensure that the medication is available and administered.The ADON and/or designee will audit 5 residents per week to ensure the the medication Aranesp is available and administered. Any non-compliance issues will be promptly addressed.A summary of audits will be presented to the Quality Assurance committee monthly by the ADON and or designee for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and presented at the Quality Assurance meeting. Monitoring will be on going.	

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	8/5/11 at 2:30 p.m., indicated she had spoken to the pharmacy, the medication was ordered on 7/20/11 but there was a signature needed from the Director of Nursing before the medication would be sent to the facility. She further indicated the 7/21/11 dose was never sent from pharmacy and the resident did not received the Aranesp on 7/21/11. This Federal tag relates to complaint IN00094047. 3.1-35(g)(2)			
F0425 SS=D	The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.			

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	Based on record review and interview, the facility failed to ensure routine medications were provided by the pharmacy for 1 of 11 residents reviewed related to the pharmacy not dispensing a medication for administration as ordered by the physician. (Resident #D) Findings include: The record for Resident #D was reviewed on 8/4/11 at 9:45 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, venous thrombosis (blood clot), hypertension, chronic kidney disease, congestive heart failure, obesity, and anemia. Review of the 7/8/11 Physician Order Statement, indicated the resident was to receive Aranesp (medication used to treat anemia) 100 mcg (micrograms) injected subcutaneous every week on Thursday. Review of the July 2011 Medication Administration Record, indicated the Aranesp was signed out as given to the resident on 7/14/11. The medication was not signed out as given on 7/21/11. A progress note dated 7/22/11 at 1:15 p.m., indicated the resident was in bed and had consumed 25% of his lunch. The resident was alert and oriented but his	F0425	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.A medication and cart audit was completed for resident D.The physician discontinued the order for Aranesp for resident D.All facility residents who have physician orders for medications have the potential to be affected by the same alleged deficient practice. A list of residents who have physician orders for Aranesp was complied.A medication and cart audit was completed for facility residents. The DON inserviced nurses on the importance of following physician's orders, there is no such thing as an unavailable medication and what steps to to taken if a medication is not initially on hand.The residents who have physician orders for Aranesp have been assigned to either the ADON, Treatment Nurse or the MDS Nurse. The ADON, Treatment Nurse or MDS Nurse will be responsibile to audit their assigned residents with orders for Aranesp to ensure that the medication is available and administered.The ADON and/or designee will audit 5 residents per week to ensure that the medication Aranesp is available and administered. Any non-compliance issues will be	09/04/2011

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	hand movements and verbalizations were noted to be slower. The resident answered questions appropriately. The resident was reassessed and had no complaints of dizziness, headache or discomfort. The resident was noted to have a loose stool and continued to have low blood pressure. At 1:35 p.m., the physician was informed and an order was received to send the resident to the hospital for evaluation and treatment. A nursing note of 7/27/11 indicated the resident remained hospitalized. Interview with the Nurse Consultant on 8/5/11 at 2:30 p.m., indicated she had spoken to the pharmacy and the medication was ordered on 7/20/11 but there was a signature needed from the Director of Nursing before the medication would be sent to the facility. She further indicated the 7/21/11 dose was never sent from pharmacy and the resident did not received the Aranesp on 7/21/11. This Federal tag relates to Complaint IN00094047. 3.1-25(a)		promptly addressed.A summary of the audits will be presented to the Quality Assurance committee monthly by the ADON and/or designee for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and presented quarterly at the Quality Assurance meeting. Monitoring will be on going.	